



SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 □ Sioux Falls, SD 57106-3115
(605) 362-2760 □ FAX: 362-2768 □ www.state.sd.us/doh/nursing

August 17, 2011

Cheryl Templeton
Director of Customized Training
Western Dakota Tech
800 Mickelson Drive
Rapid City, SD 57703-4018

Dear Ms. Templeton:

Please find enclosed the re-approval documentation for the Nurse Aide Training Program for Western Dakota Tech. Your approval status is valid for two years and will expire at the end of July 2013. An application for re-approval of the program should be submitted prior to the expiration date.

As an approved program, you are required in accordance with ARSD 20:48:18:08 to provide notice of any substantive changes made to the program within 30 days after the change has been made.

If I can provide additional information or clarification regarding your approval status, please contact me at the Board of Nursing office.

Sincerely,

Gloria Damgaard, RN;MS
Executive Director

cc: Diana Weiland, DOH



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RECEIVED
JUN 24 2011
SD BOARD OF NURSING

APPLICATION FOR NURSE AIDE TRAINING PROGRAM

Please select: ☐ INITIAL APPROVAL

☒ REAPPROVAL

Please select: ☐ NURSING HOME BASED

☒ NON-NURSING HOME BASED

Based on Program Requirements, complete and submit to the South Dakota Board of Nursing:

INITIAL APPROVAL REQUIREMENTS

- ☐ Program Coordinator Vitae/Professional work history
- ☐ Primary Instructor Vitae/Professional work history
- ☐ Description of physical facilities for training programs
- ☐ Description of licensed nurse supervision of students
- ☐ Student:Instructor ratio in the clinical setting
- ☐ Listing of program length & distribution of hours

REAPPROVAL REQUIREMENTS

- ☒ Changes in Faculty, if any
- ☒ Changes in Course Syllabus, if any
- ☐ Changes in physical facilities for training programs, if any
- ☐ Changes in licensed nurse supervision of students, if any
- ☐ Changes in clinical Student:Instructor ratio, if any
- ☒ Changes in program length & distribution of hours, if any

COURSE SYLLABUS If using a Course Syllabus that has current Board of Nursing approval, you need not submit the Course Syllabus; if using a Course Syllabus that does not have current Board of Nursing approval Nursing, submit:

- ☐ Course overview
- ☐ Course objectives
- ☐ Content outline
- ☐ Skills training
- ☐ Teaching methodologies
- ☐ Methods of evaluation
- ☐ Environment for learning
- ☐ Student:Instructor ratio
- ☐ Names of required textbooks

Note: Written notification should be submitted to the South Dakota Board of Nursing if any substantive changes in Curriculum or Faculty are made within the two-year Approval Period.

FACILITY TO OFFER NURSE AIDE TRAINING PROGRAM Western Dakota Tech

ADDRESS: 800 Mickelson Drive Rapid City SD 57703-4018

TEL: 605 718 2962 FAX: 605 394 5716 EMAIL: cheryl.templeton@wdt.edu

NAME OF COURSE: How to be a Nurse Assistant AHCA

FACULTY MEMBER NAME AND CREDENTIALS	STATE IN WHICH CURRENTLY LICENSED AS A NURSE	LICENSE #	EXPIRATION DATE	HAS TWO YEARS CLINICAL EXPERIENCE, ONE YEAR IN LTC
PROGRAM COORDINATOR: <u>Nancy Glassgow</u>	<u>SD</u>	<u>R021917</u>	<u>9/30/11</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <u>teaching exp.</u>
PRIMARY INSTRUCTOR: <u>SAME</u>				<input type="checkbox"/> YES <input type="checkbox"/> NO
If NEW Primary Instructor, attach "Train the Trainer" Certificate, or verification of adult teaching experience within the past five years				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

I affirm that the curriculum in use reflects the standards pursuant to ARSD 44:04:18 (10.15).

SIGNATURE OF APPLICANT/TITLE: Cheryl Templeton, Director of Customized Learning

DATE: 6/19/11

THIS SECTION TO BE COMPLETED BY BOARD OF NURSING REPRESENTATIVE

DATE APPLICATION RECEIVED: 6/24/11

DATE APPROVED: 7/18/2011

DATE APPLICATION RETURNED: 8/16/2011

DATE DENIED: _____

REASON FOR DENIAL: _____

EXPIRATION DATE OF APPROVAL: July 2013

BOARD REPRESENTATIVE: Elaine Dargatzis

license verified 7/18/11